STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name Example: If typying, type over the lines	12FE4M5
Debbie Wasse	rman Schultz for Congress	
ADDRESS (number and s	treet) 1071 Twin Branch Ln	
(Check if address is changed)		<u> </u>
	Weston	FL 33326 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
	<u> </u>	
2. DATE 0.7	07 2008	
3. FEC IDENTIFICA	TION NUMBER C C00385773	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer Lawrence Wasserman	
Signature of Treasurer	Electronically Filed by Lawrence Wasserman	Date 07 DD7 Z008
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	